

CERTIFICATE OF MAILING

OCT 10 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

| | | | | | |
|-------------------|----------------------|-----------|--|------|------------|
| Name (Print/Type) | Wilhelm Palmieri Jr. | Signature | | Date | 10-05-2001 |
|-------------------|----------------------|-----------|--|------|------------|

TRANSMITTAL

☒ Small Entity ☐ Large Entity

| | |
|----------------------|-----------------|
| Application Number | 09/682,667 |
| Confirmation Number | Unassigned |
| Filing Date | October 4, 2001 |
| First Named Inventor | Hsueh et al. |
| Examiner | Unassigned |
| Group Art | Unassigned |
| Attorney Docket No. | STAN072CON |

| ENCLOSED: | Claims | No. of claims as filed or after amendment | Most claims previously paid for | # Extra Claims | Rate | Totals |
|--|-------------|---|---------------------------------|----------------|------|-----------|
| <input checked="" type="checkbox"/> Amendment Under Rule | Total | 23 | 19 | 3 | 9 | \$ 27.00 |
| <input checked="" type="checkbox"/> 37 CFR § 1.115 | Independent | 2 | 9 | 0 | | \$ - |
| <input checked="" type="checkbox"/> Pages 4 | Multiple | | | | 140 | \$ 140.00 |
| Total Extra Claim Fees | | | | | | \$ 167.00 |

☐ Applicants Petition for an Extension of time from _____ to _____
A _ month extension was previously filed and paid for thereby reducing the basic fee

Fee _____

☐ Response to File Missing Parts (with copy of formalities letter)

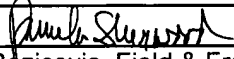
| | |
|---|---------------------|
| <input type="checkbox"/> Filing Fee | Fee _____ |
| <input type="checkbox"/> Executed Declaration _____ Pages _____ | Surcharge Fee _____ |
| <input type="checkbox"/> Other _____ | Fee _____ |
| | Fee _____ |
| | Fee _____ |
| | Fee _____ |
| | Subtotal \$ - |

☐ Information Disclosure Statement

| | |
|---|---------------|
| <input type="checkbox"/> PTO Form 1449 _____ Pages _____ | |
| <input type="checkbox"/> _____ Copies of Cited References | |
| <input type="checkbox"/> Other _____ | |
| | Fee _____ |
| | Subtotal \$ - |

☐ Response to Notice to Comply (with copy of Notice to Comply)

| | |
|---|-----------|
| <input type="checkbox"/> Sequence Listing Certification | |
| <input type="checkbox"/> Paper Copy of Sequence Listing _____ Pages _____ | |
| <input type="checkbox"/> Diskette in computer-readable format | |
| <input type="checkbox"/> Other _____ | |
| | Fee _____ |

| | | | |
|--|---|-----------------------------|---------------------------------|
| <input type="checkbox"/> Terminal Disclaimer | | Fee | |
| <input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group | | | |
| <input type="checkbox"/> Notice of Appeal | Pages | | Fee |
| <input type="checkbox"/> Appeal Brief in Triplicate | Pages | | Fee |
| <input type="checkbox"/> Reply Brief | Pages | | Fee \$ - |
| | | | Subtotal \$ - |
| <input type="checkbox"/> Other Enclosures and/or Fees | | Fee | |
| <input type="checkbox"/> Change of Correspondence Address | | | |
| <input checked="" type="checkbox"/> Return Receipt Postcard | | TOTAL FEES \$ 167.00 | |
| | | | |
| The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed. | | | |
| | | | |
| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED | | | |
| Name (Print/Type) | PAMELA J. SHERWOOD | | Registration No. 36,677 |
| Signature |  | | Date 10-05-2001 |
| Firm Name | Bozicevic, Field & Francis LLP | Address | 200 Middlefield Road, Suite 200 |
| City | Menlo Park | State | California |
| | | zip | 94025 |
| Telephone - Direct Dial | 650-327-3400 | Facsimile | 650-327-3231 |

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